

HOME PROGRAM ANNUAL OWNER CERTIFICATION OF CONTINUING PROGRAM COMPLIANCE

Certification Period	January 1, 2011 – December 31, 2011
Project Name	
MSHDA #	
Project Address	
City, Zip Code	

OWNERSHIP ENTITY	
Fed. Tax ID #	
Ownership Name	
Owner Contact Person	
Street Address	
City, State, Zip Code	
Phone	
Cell Phone	
Fax	
E-mail	
Date Entity Commenced Ownership of Project	
CHDO (Yes or No)	
Non-profit organization (Yes or No)	

MANAGEMENT	
Management Company Name	
Management Contact Person	
Title	
Street Address	
City, State, Zip Code	
Phone	
Cell Phone	
Fax	
E-mail	
Date Company Commenced Management of Project	
On-site Contact Person	
On-site Phone	
On-site Contact E-mail	

SERVICE PROVIDER (If Applicable)	
Company Name	
Contact Person, Title	
Street Address	
City, State, Zip Code	
Phone/Cell Phone	
E-mail	
Description of Services /Contract or MOU Effective Date	

Annual Tenant Income Certification / Establishing Tenant Eligibility

1. The owner/management agent has received an initial income certification from each HOME household and documentation to support that certification.
☐ Yes.
☐ No. If no, explain: _____
2. The owner/management agent has performed an annual re-examination in accordance with the rules mandated by the HOME program and/or MSHDA requirements for this project.
 - [a] For each household occupying a unit designated as HOME, the owner/management agent has conducted an annual recertification including full third-party documentation of all income and assets.
☐ Yes.
☐ No. If no, explain: _____
☐ Not applicable. The owner/management agent conducts re-examinations in accordance with [b] below.
 - [b] After the initial certification, a reexamination with full third party documentation is conducted once every six years. During the interim years, tenants provide statements of income along with signed certifications or letters from appropriate government agencies (e.g. welfare agency).
☐ Yes. [Note, this option is not available to HOME projects that have LIHTC or MSHDA bond financing, for which annual reexamination are required.]
☐ No. If no, explain: _____
☐ Not applicable. The owner/management agent conducts annual recertification in accordance with [a] above.

Rent Restrictions

3. Each HOME restricted unit in the project was rent restricted as prescribed in the executed HOME Regulatory Agreement, Grant Agreement, Affordability Agreement, or other official document.
☐ Yes.
☐ No. If no, explain: _____
4. No fee(s) other than rent was charged to any HOME tenant for a service or provision that was not optional (i.e. water-billing service fees, mandatory parking fees, non-refundable security deposit fees, mandatory payments for meals, etc.).
☐ Yes (true, no fees were charged).
☐ No (false, there was a fee charged). If no, complete the Resident Fee form (which is available on the MSHDA website) and attach it to this certification form.

Utility Allowances

5. The Owner certifies that the utility allowance is reviewed annually and is obtained through the local PHA, MSHDA, directly from the local utility companies, or calculated by using the Actual Consumption Method (ACM).
☐ Yes. Complete the attached Utility Allowance Documentation Form and submit it with this Annual Owner Certification form.
☐ No. If no, explain: _____

Note: Owners of HOME projects must include a Utility Allowance documentation form with this annual compliance certification. In addition, for ACM allowances, these figures must be submitted to MSHDA on the ACM form (available on the MSHDA website) and the final figures be pre-approved by MSHDA prior to their use at the development.

Over-Income Units and Next Available Unit Rule

6. If the income of a resident of a HOME restricted unit in the project increased to an amount that exceeds the limit allowed under HOME Regulatory Agreement (or similar document), the next available unit in the project was rented to a qualified household.
☐ Yes.
☐ No. If no, explain: _____

7. If the annual income of a resident of a HOME restricted unit in the project increased to an amount that exceeded 80% of the area median income at recertification, the household's rent was adjusted to 30% of the family adjusted income (unless Low-Income Housing Tax Credit Program rules apply to the unit).

☐ Yes.
☐ No. If no, explain: _____

Vacant Units

8. If a HOME unit in the project became vacant during the year, reasonable attempts were made to rent that or a comparable unit (for floating HOME units, comparable in terms of size, features, and number of bedrooms) to a qualified household and while the unit was vacant, no units of comparable size were rented to an unqualified household.

☐ Yes.
☐ No. If no, explain: _____

Physical Condition

9. Each unit and building in the project is, as of date of execution of this certification and for the entire period covered by this certification, suitable for occupancy taking into account local health, safety, and building codes and HUD Housing Quality Standards.

☐ Yes.
☐ No. If no, state nature of violation and describe any corrective action that has been taken or is planned. _____

(Please note that MSHDA conducts physical inspections of HOME projects. The compliance standard for these inspections is UPCS-Plus. Violations identified at those inspections must be corrected to UPCS-Plus standards.)

Lead-based Paint

10. All tenants have signed the "Lead Based Paint" form and have been given a copy.

☐ Yes.
☐ No. If no, explain: _____
☐ Not applicable. None of the buildings in the project were built or under construction during or before 1978.

11. The property owner has incorporated ongoing lead-based paint maintenance activities into regular building operations, such as a visual inspection of lead-based paint annually and at unit turnover; repair of all unstable paint; and repair of encapsulated or enclosed areas that are changed.

☐ Yes.
☐ No. If no, explain: _____
☐ Not applicable. None of the buildings in the project were built during or before 1978.

General Public Use and non-Transient Use

12. All HOME units in the project are and have been for use by the general public and used on a non-transient basis.

☐ Yes.
☐ No. If no, explain and/or describe the project's target population: _____

Comparable Basis – Tenant Facilities

13. The Owner certifies that all tenant facilities (such as swimming pools, other recreational facilities, parking areas, washer/dryer hookups, and appliances) of any building in the project are provided on a comparable basis to all tenants (including HOME-assisted and non-HOME assisted) in the development.

☐ Yes.
☐ No. If no, explain: _____

Lease Agreement

14. The lease term for all HOME assisted units is at least one year and each lease contains all of the provisions required by the HOME Program, and does not include any prohibited provisions.

- ☐ Yes.
☐ No. If no, explain: _____

Tenant Selection Criteria

15. The owner/management has adopted and utilizes written tenant selection policies that:

- are consistent with the purpose of providing housing for very low-income and low-income families;
- are reasonably related to program eligibility and the applicants' ability to perform the obligations of the lease;
- provide for the selection of tenants from a written waiting list in the chronological order of their application, insofar as is practicable; and
- requires prompt written notification to any rejected applicant of the grounds for any rejections.

- ☐ Yes.
☐ No. If no, explain: _____

Supportive Housing Services / Special Needs

16. All required special needs units designated in the HOME Regulatory Agreement (or similar document) have been rented to tenants with special needs.

- ☐ Yes.
☐ No. If no, explain: _____
☐ Not Applicable.

17. All required supportive housing services agreed to in the HOME Regulatory Agreement (or similar document) have been made available to the residents of the HOME-assisted units. Where stipulated in the HOME Regulatory Agreement (or similar document), these supportive services were made available by contract with a local service provider.

- ☐ Yes.
☐ No. If no, explain: _____
☐ Not Applicable.

Evictions

18. The Owner certifies that no tenants have been evicted or not had leases renewed, except for serious or repeated violations of the terms and conditions of the lease; for violation of applicable Federal, State, or local law; for completion of the tenancy period for transitional housing, or for other good cause.

- ☐ Yes.
☐ No. If no, explain: _____

Discrimination Against Section 8/Housing Choice Vouchers

19. All HOME restricted units were leased to residents without regard to their status as holders of rental vouchers or certificates that are available under 24 CFR 882,887, or 92.211.

- ☐ Yes.
☐ No. If no, explain: _____

Affirmative Fair Housing Marketing Plan

20. An up-to-date Affirmative Fair Housing Marketing Plan (AFHMP) is enclosed* and on file (and available for viewing by interested parties) at the development.

- ☐ Yes. Indicate the date of the last up-date: _____
☐ No. If no, explain: _____

***A copy of the most up-to-date AFHMP must be submitted to MSHDA with this Certification.**

21. The AFHMP has been reviewed by the Owner and has been found to be effective in soliciting persons.

- ☐ Yes.
☐ No. If no, explain: _____

22. If the affirmative marketing requirements were not met, the Owner has attached a plan of corrective actions to be taken to make the AFHMP a success.

- ☐ Yes.
☐ No. If no, explain: _____

Fair Housing and Reasonable Accommodations / Handicap-Accessibility

23. The owner has and is complying with all federal, state and local laws relating to fair housing and equal opportunity, including but not limited to the following:

- The Federal Fair Housing Act and the Michigan Fair Housing Act;
- Age Discrimination Act of 1975;
- Section 504 of the Rehabilitation Act of 1973;
- Americans With Disabilities Act of 1990 (ADA);
- Title VI Civil Rights Act – 1964; and
- Section 3 of the Housing and Urban Development Act of 1968.

- ☐ Yes.
☐ No. If no, explain: _____

Change in Management/Ownership

24. There has been no change in the management of the project during this Certification Period.

- ☐ Yes, no change.
☐ No (There has been a change). If "No", a Notice of Change in Management Agent form must be completed and submitted to MSHDA with this Annual Certification form.

25. There has been no change in the ownership of the project during this Certification Period.

- ☐ Yes, no change.
☐ No (There has been a change). If no, the owner must complete the Notice of Change in Ownership form and submitted it to MSHDA with this HOME Annual Certification form.

Record Keeping

26. The Owner is maintaining required records for the most recent five year period during the affordability period, and has policies in place to keep these records until five years after the end of the affordability period. (Required records include documentation related to tenant income verifications, unit rents, affirmative marketing, and property standards.)

- ☐ No.
☐ Yes. Describe: _____

Other Compliance Requirements

27. Does the project have any other government funding and/or income, rent or leasing restrictions, other than the MSHDA HOME funds and its requirements?

- ☐ No.
☐ Yes. Describe: _____

Note: Failure to complete this form in its entirety will result in noncompliance with HOME program requirements.

The undersigned, having entered into a loan or grant agreement pursuant to the applicable provisions of the "HOME Investment Partnership Act" ("HOME"), does hereby certify that the housing project is in continuing compliance with the HOME Regulatory Agreement (or similar document) and any other applicable compliance requirements. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

(Ownership Entity)

Signature By: _____

Printed Name: _____
(Name of Authorized Representative of Ownership Entity*)

Title: _____ Date: _____

*** No individual other than an owner or general partner of the project is permitted to sign this form, unless authorized by the owner (documentation of owner authorization must be attached).**